

ENROLMENT FORM

Email To submit, please email your completed form to **admin@bigbsolutions.com.au**

<p>Terms & Conditions</p> <p>Course Fee All course fees are listed on the website & are inclusive of GST and include course material and refreshments.</p> <p>Entitlement Under section 67 of the OHS Act 2004 HSRs and deputy HSRs are entitled to attend a WorkSafe approved HSR course and choose the course in consultation with their employer.</p> <p>Confirmation We will confirm receipt of your enrolment and then 10 business days prior to the scheduled date of the course we will confirm your attendance and provide venue information.</p> <p>Refund policy/cancellation Cancellations up to 14 business days prior to the scheduled course date incur a 50% fee. After that date, the full course fee is payable. No refund will be made for non-attendance however, your booking is transferrable to another participant from your organisation for the same course if you cannot attend.</p> <p>BIG B PERSONAL & WORKPLACE SOLUTIONS reserve the right to cancel or reschedule a course if necessary. If a course is cancelled or rescheduled, we will make every effort to contact you. No payment will be required for cancelled courses.</p> <p>Attendance Participants must attend all 5 days to receive a certificate of attendance. In the case of non-attendance due to illness, participants may reschedule to a later course. Participants will be given an opportunity to attend a make-up session for any days missed. The course must be completed within 6 months of commencement.</p> <p>Privacy Information collected on this form is used by BIG B PERSONAL & WORKPLACE SOLUTIONS to manage your registration and course participation.</p> <p>Complaints Refer to the information available on the website www.bigbsolutions.com.au</p>	COURSE DETAILS	
	<input type="checkbox"/> Taking Care of Safety	<input type="checkbox"/> HSR Initial OHS Training Course
	<input type="checkbox"/> Safety Session Webinar	<input type="checkbox"/> HSR Refresher OHS Training Course
	Course Dates:	
	Course Code:	
	YOUR DETAILS	
	Name:	
	Position:	
	Organisation:	
	Postal Address:	
	Phone (work):	
	Mobile:	
	Email address:	
	Emergency contact:	
Emergency contact no:		
Special needs: Please note any special needs (physical, dietary, sensory, or access requirements etc.)		
PAYMENT BY EFTPOS		
ACCOUNT NAME: BIG B PERSONAL & WORKPLACE SOLUTIONS		
BSB: 193 879 ACCOUNT NO: 446865981		
<i>Please attach a copy of the payment advice with your registration form as confirmation of payment</i>		
PARTICIPANT DECLARATION		
I understand and accept the terms and conditions of this enrolment		
Signature of participant: Note: by typing your name here you are signing this application electronically		
Date:		